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From quotas to sanctions: The political economy of rehabilitation in the UK

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~~4.1 Introduction~~INTRODUCTION

This chapter examines UK social policy ~~in the UK as directed at~~ toward people who are out-of-work on a long-term basis due to a chronic illness or disability (Gabbay et al., 2011). A 'disability', in this context, is defined as an illness or impairment that limits the usual activities of daily living, including work ability (Organisation for Economic Cooperation and Development, (OECD) 2009, p. 11). Across advanced market democracies, poor health is a significant risk factor for unemployment, as well as remaining unemployed. In 2018, ~~in the UK,~~ the UK employment rates ~~of for~~ people with a disability ~~are was~~ 51% compared to 81% ~~of for~~ those without an illness or disability (House of Commons Library, 2018). There ~~is was~~ also a small gender gap, with women with a disability having a slightly lower employment rate ~~of 51%~~ than men with a disability (51% vs. 52%) (House of Commons Library, 2018). People with a disability in the UK are also 50% more likely to work part-time: 24% of people with disabilities were working part-time compared to 36% of people without disabilities (House of Commons Library, 2018). However, disability-related unemployment is also unequally ~~distributed both~~ socio-economically and geographically ~~distributed~~. Men and women from lower education ~~al~~ or occupational backgrounds are significantly more likely to experience disability-related unemployment in the UK, ~~as well as— and~~ in other European countries (Pope and Bamba, 2005; Bamba and Pope, 2007). The employment of people with a disability in the UK is also geographically skewed, with the lowest rates in de-industrialised areas reflecting wider patterns of ill health and unemployment (Norman and Bamba, 2007). In 2018, for example, the employment rate ~~was highest~~ for people with a disability ~~was highest in the~~ South East of England (58%); and lowest in Scotland (45%), Wales (43%), ~~the~~ North East of England (41%), and Northern Ireland (35%) (House of Commons Library, 2018). Poverty, social exclusion, ~~as well as and~~ downward social mobility are also important issues for people with a disability in the UK (Bamba 2011a).

As in ~~Like~~ most other advanced market economies, ~~the UK state provides financial support to individuals whose unemployment is then,~~ disability-related, ~~unemployment carries an entitlement to receipt of financial support from the UK state~~ in the form of sickness and disability pensions (as described in ~~see~~ Box 1) (Bambra, 2011b). Rates of receipt of these disability-related benefits have increased rapidly since the 1970s: in the UK, they have increased from 0.5 million recipients in 1975 to 2 million in 2018, —meaning that around 7% of the UK working age population ~~was in~~ currently receives ~~of~~ disability-related benefits (Office for National Statistics, 2018). This accounts for over 10% of UK social security expenditure ~~and~~ almost 2% of gross domestic product (GDP) (Gabbay et al., 2011). The probability of returning to work after ~~being in~~ receiving ~~of~~ long-term health-related benefits is just 2% annually (Organisation for Economic Cooperation and Development/OECD, 2003; 2009), with most recipients who have been workless for six months or more having only a 20% chance of returning to work within five years (Wardell and Burton, 2006). The most common causes of long-term sickness absence in the UK are musculoskeletal conditions (including obesity-related ~~conditions~~) and mental health problems (including drug and alcohol ~~additions~~) (Black, 2016).

Box 1: ~~The Main UK D~~disability-related ~~S~~social ~~S~~security ~~B~~enefits in the UK (1994 to date)

Incapacity Benefit (1994-2008) replaced Invalidity Benefit in 1994. It was a non-means-tested social security cash benefit, paid to people in the UK who were medically certified as ~~being~~ incapable of work due to illness or disability and who had contributed sufficient National Insurance payments. Incapacity Benefit was paid at a higher rate than usual unemployment benefit (c.33% higher). It was similar in remit to the long-term sickness and disability insurance schemes of other Western countries, such as the USA's Social Security Disability Insurance and the disability pensions of Germany and Sweden. There were three rates of Incapacity Benefit. ~~In the including two~~ short-term, ~~rates~~: a lower rate ~~which~~ was paid for the first 28 weeks of sickness, and a higher rate for weeks 29 to 52. The third, ~~(a long-term)~~ rate, applied to people who had been sick for more than a year; ~~this group and~~ comprised the largest number of claimants. Incapacity Benefit could be received up to pensionable age. It was discontinued in 2008 and gradually replaced for new and existing recipients with the Employment and Support Allowance.

Employment and Support Allowance (2008-~~2017~~date) was introduced in 2008 to replace Incapacity Benefit. It has a two-tier system of benefits, ~~based on: Those judged (via a medically-administered~~ Work Capability Assessment.) ~~Those judged~~ unable to work or with limited work capacity due to the severity of their physical or mental condition receive a higher level of benefit with no conditionality. ~~By contrast, Those who are~~ deemed 'sick but able to work' – the work-related activity group – ~~only~~ receive an additional Employment Support premium if they participate in employability initiatives. ~~Those who fail to do so Failure to participate in such programmes results in the removal of the Employment Support component and recipients are then~~ only entitled to the basic Employment and Support Allowance (paid at the same rate as unemployment benefit – Jobseeker's Allowance). Since 2010, receipt of Employment and Support Allowance for the 'work-related activity' group is limited to a maximum of ~~one~~4 year.

Universal Credit (~~since 2017~~) is a single working-age benefit which replaced Jobseeker's Allowance (unemployment benefit), Income Support (means-tested social assistance), and Employment and Support

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Allowance (disability-related benefit) from 2015 (Department for Work and Pensions, 2010b). Compulsory work-for-benefit, as well as a 'claimant contract' with benefit sanctions (of ~~three~~ 3 months', ~~six~~ 6 months', ~~and~~ or up to ~~three~~ 3 years' benefit removal for ~~those benefit~~ recipients who refuse to ~~take up~~ accept a job offer), are key components of Universal Credit, —and they apply to recipients of all ~~benefit recipients~~ including disability-related ~~benefits~~ ones.

Concern over the rising numbers of disability-related benefit recipients has meant that in the UK, ~~like as~~ in most other European countries, disability-related benefits have had a high political profile over the last three decades. This has led to substantial changes to rehabilitation medicine, vocational services, and the social security support provided to on the basis of disabled people. Rehabilitation medicine in the UK is both clinical (provided by the National Health Service (~~—NHS~~)) and vocational (provided by the Department for Work and Pensions (DWP)). ~~Rehabilitation Medicine in the UK~~ It can be broadly divided into: neurological rehabilitation (including brain, spinal cord, and peripheral nerve conditions and injuries), musculoskeletal rehabilitation, and mental health conditions (Royal College of Physicians, 2010). The latter two conditions account for over 60% of unemployment amongst people with a disability. All areas of clinical rehabilitation medicine practice include the management of pain, health and employment behaviours, emotional disturbances, and cognitive issues (Royal College of Physicians, 2010). ~~In —~~ The provision of rehabilitation services, ~~in~~ the UK lags behind other European countries: ~~though — with~~, for example, it has only 0.26 rehabilitation specialist doctors per 100,000 population, compared to 1.88 in Sweden and 2.87 in France (Ward, 2005). Rehabilitation medicine also works closely with vocational rehabilitation services to promote employment opportunities for disabled adults of working age, working in liaison with occupational medicine, occupational therapists, vocational services, and employers (Royal College of Physicians, 2010).

~~This~~ This chapter focuses on the vocational aspects of rehabilitation medicine in the UK, examining key policy regime shifts in the UK context. ~~—It outlines~~ the moves away from the *passive welfare* of the 1970s and 1980s (typified by compulsory employment quotas and passive welfare benefits); through the *active welfare* of the 1990s and 2000s (including antidiscrimination legislation, welfare to work, and active welfare benefits); to the *workfare* approach entrenched in the present system and accelerated under austerity (typified by benefit sanctions, benefit cuts, and compulsory work-for-benefit). These significant social policy shifts are then analysed from a political economy perspective, —exploring the broad context of ~~the~~ neoliberal restructuring of the state and the specific issues of ~~the reasserting of~~ labour discipline and ~~the reclassifying of~~ people with a disability from 'deserving' to 'undeserving' subjects (Bambra and Smith, 2010; Bambra, 2011a; Schrecker and Bambra, 2015).

4.2 The Evolution of UK Disability Policy ~~THE EVOLUTION OF UK DISABILITY POLICY~~

This section summarizes the historical evolution of UK social policy for people with a disability ~~in the UK~~ from 1944 to ~~the present~~ today. It identifies and outlines four key and distinct phases: (1) 'passive welfare'; (2) 'active welfare'; (3) 'towards workfare'; and (4) 'austerity'. The effects ~~siveness~~ of these policy changes on the employment of people with a disability are also examined, noting the ~~ir~~ limited impacts ~~that they have had~~.

4.2.1 Passive ~~W~~welfare (1970s to 1990s)

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The first phase of UK public policy towards the employment of people with a disability ~~in the UK~~ was framed by the Disabled Persons (Employment) Act ~~of~~ 1944, under which ~~set up supported~~ employment programmes (such as Remploy), medical rehabilitation services, and the post-war employment quota were established (Figure 4.1). In the 1970s, these measures were supplemented ~~with by a number of several specific health-related out of work~~ cash benefits for out-of-work individuals, such as Invalidity Benefit in 1971 (renamed Incapacity Benefit in 1994). ~~Cash benefits claimed on the basis of ill-health-based cash benefits~~ were higher than ~~those paid on the basis of~~ unemployment benefits, in which recognition of the long-term nature of ill health and the additional associated costs ~~that it can involve~~ (Bambra, 2011a). ~~During t~~The social security reforms of the 1980s and early 1990s placed additional restrictions ~~were placed~~ on these cash benefits (e.g. the introduction of the ‘all work’ test in 1994). However, a radical shift of policy, fuelled by growing government concerns about the costs of disability-related benefits, alongside pressure from disability campaign groups ~~in relation to regarding~~ social exclusion (Barnes, 1991), a more radical policy shift occurred in the mid-1990s.

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Figure 4.1 – ‘Passive Welfare’ Phase of UK Disability Policy (1944 to 1994). (Adapted from Bambra et al. 2005)

1944	Disabled Persons (Employment) Act Set up Launched the post-war disability employment quota of 3% for employers with over 20 staff. Some vocational services initiated and special, initially sheltered, employment started ('Remploy').
1970	Chronically Sick and Disabled Persons Act Improved access to local authority public buildings and services
1971	National Insurance Act Invalidity benefit set up established
1973	Employment and Training Act Introduced employment rehabilitation centres and resettlement officers
	Social Security Act Attendance Allowance introduced: subsidies for the costs of home care/assistance
1975	Social Security Benefits Act Introduced the Mobility Allowance: a cash benefit paid for transport costs
	Social Security Pensions Act Non-Contributory Invalidity Pension (later known as Severe Disablement Allowance)
1980	Social Security Act Reduced benefit levels
1991	Disability Living Allowance and Disability Working Allowance Act Disability Living Allowance combined the Attendance and Mobility Allowances. -Disability Working Allowance: wage top-up for low-paid workers (replaced with a tax credit in 1999)
	Placement, Assessment and Counselling Teams (PACTs) Vocational preparation and placement services (renamed Disability Service Teams in 1999)

Source: Adapted from Bambra et al (2005).

The Disability Discrimination Act of 1995 (and subsequent amendments) abolished the post-war disability employment quota and instigated favour of a more rights-based approach to the employment of disabled people (Oliver and Barnes; 1998). This Act saw the beginning of introduced a distinction in social policy between people with a legally recognized disability (including limiting long term illnesses) and those with other forms of chronic illness. Key features of the Disability Discrimination Act 1995 (later subsumed into the wider Equalities Act in 2010) – are described presented in Box 2).

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Box 2: Disability Discrimination Act 1995 (now subsumed into the wider Equalities Act, 2010)

The 1995 UK Disability Discrimination Act (DDA) made it illegal to discriminate on the grounds of physical or mental disability or limiting long-term illness. Since its implementation of the DDA from 1996, onwards it has been unlawful to “discriminate against disabled persons in connection with employment, the provision of goods, facilities and services, or the disposal or management of premises”. Employers are required to make ‘reasonable adjustments’ to work and premises to cater for people with a disability.

Under the Act, defines disability is defined as: “a physical or mental impairment that has a substantial and long-term adverse effect on [the individual’s] his/her ability to carry out normal day-to-day activities”:

- Physical impairment — this includes weakening or adverse change of a part of the body caused through illness, by accident or from birth such as blindness, deafness, heart disease, the paralysis of a limb or severe disfigurement.
- Mental impairment — this can include learning disabilities and all recognised mental illnesses.
- Substantial — this does not have to be severe, but is more than minor or trivial.
- Long-term adverse effect — that has lasted or is likely to last more than 12 months.
- A normal day-to-day activity — that is, one that affects one of the following: mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.

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4.2.2 Active Welfare (1990s to 2000s)

Although the UK welfare state has always contained an element of active welfare; (for example, many of the initial post-war cash benefits, such as pensions, were only available to those who had previously paid social insurance contributions in the form of a National Insurance payments contributions (Fulcher and Scott, 2003)). However, in more recent decades this element feature has become more prominent and far reaching in recent decades. In the second phase of government action, people with a disability or long-term condition were re-conceptualized as a key group of working-age benefit recipients and, as such, they were became the targets of activation policies and subject to a number of diverse active labour market policies (ALMPs). ‘Activation’ has also emerged as one of the dominant reform themes of reform across other European welfare states, with benefits and services for working-age people of working-age becoming more focused on re-connecting recipients with the labour market, and requiring recipients them to be actively in seeking employment (Houston and Lindsay, 2010). In the UK, for example, the early ALMPs of the Disability Working Allowance, the New Deal for Disabled People, and the Access to Work programme were all early active labour market policies targeted at people with a disability in the 1990s (Figure 4.2). These interventions generally tried to overcome the different barriers faced by which people with a disability or chronic illness face when trying to enter employment, including: lack of experience or skills; employers’ uncertainty from employers; problems with physical access to work; and concerns over pay, hours, and conditions (Goldstone and Meager, 2002). However, the majority of interventions focused on the were supply-side focused, with little consideration of account taken for actual labour market demand (Bambra, 2006). In this period, participation by people in receipt of benefits recipients was largely on a voluntary basis (Bambra et al., 2005).

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4.2.3 Towards ‘workfare’ (2003 to 2010)

Despite a rapid increase in the use of ALMPs in the UK since the 1990s, the employment rate for people with a disability remained very low. In the 2000s, there were still over 2.5 million people in receipt of disability-related benefits in the UK. They remained, therefore, at the centre of the welfare reform agenda, with the

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benefits of (re)employment for health and well-being increasingly ~~being emphasized~~ in policy circles (Black, 2008). ~~Voluntary Engagement with ALMPs was replaced~~ ~~ceased to be voluntary as by~~ compulsory engagement and conditionality ~~became in~~ the new policy approach. In 2003, for example, ~~pilots for~~ the Pathways to Work programme ~~pilots~~ introduced compulsory Work Focused Interviews for all new benefit recipients (Figure 4.3). ~~and, in~~ Most significantly, in 2008, Incapacity Benefit was phased out for new recipients and replaced with the two-tiered Employment ~~and~~ Support Allowance ~~—(ESA) (see Box.1).~~

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Using a new ~~test administered by the~~ private sector ~~administered test (by first Atos, between and, and then~~ ~~Maximus since)~~, called the Work Capability Assessment (WCA), the ESA required all but the most severely sick or disabled recipients to be work-ready by, for example, ~~taking part in~~ ~~undergoing~~ rehabilitation or retraining (Warren et al., 2014). All existing Incapacity Benefit recipients were gradually re-evaluated and moved onto ESA or the lower-value Jobseeker's Allowance (unemployment benefit). ~~The use of Contracting~~ private sector providers to deliver the WCA has been criticized ~~qued on the basis that it for~~ incentivizing ~~companies to turn down claims rejection, as well as being that it was~~ expensive, impersonal, mechanistic, ~~and lacked insufficiently~~ transparent, ~~and led to with~~ a high rate of appeals (Warren et al., 2014). The ESA introduced new distinctions between disability-related recipients: (1) those deemed 'fit for work' ~~—~~ were immediately transferred onto the lower-paying Jobseeker's Allowance (~~which is a~~ very conditional benefit worth around a third less in cash per week); (2) those deemed ~~to be too~~ 'incapacitated' for work were placed on the ~~Employment and Support Allowance~~ ~~ESA~~ with a 'support' premium and ~~with no~~ conditionality (~~only a minority of few~~ recipients met the threshold for this classification); ~~and~~ (3) ~~whilst~~ those considered 'sick but able to work' were placed on ~~Employment and Support Allowance~~ ~~ESA~~ with a 'work-related activity' premium (see Box 1). ~~Those in the third group who failed to~~ engage in compulsory 'work-related activity' ~~for group 2 resulted in a loss of~~ the premium and ~~received only the ESA placement on the Employment and Support Allowance~~ basic rate (worth a third less than the 'work related activity' benefit).

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~~In addition, Also~~ during this period, a new 'fit note' replaced the old ~~Ggeneral Ppractitioner~~-administered 'sick note' (Department for Work and Pensions DWP, 2009). The 'sick note' ~~which was~~ traditionally used by ~~Ggeneral Ppractitioners~~ (primary care physicians) to certify sickness absence operated on a zero-sum basis: an individual was either too sick to work or well enough to work. The ~~aim of the~~ 'fit note' was ~~instead intended to~~ assess fitness for work, as opposed to sickness. ~~The fit note adds~~ the option of being partially fit for work if certain issues ~~were are~~ taken into account, including a phased return to work, altered hours, amended duties, and workplace adaptations. The ~~intention of the~~ fit note was ~~intended~~ to reduce the number of people on short-term sickness absence who then lose their employment and become long-term benefit recipients. ~~The fit note~~ It was also intended to address concerns that ~~Ggeneral Ppractitioners~~ were too close to their patients and too keen to sign people off ~~— 'on the sick' —~~ (particularly in areas or times of high unemployment) (~~Organisation for Economic Cooperation and Development OECD, 2009).~~

Although these ~~new~~ reforms clearly built on the previous period of active welfare reform, the addition of such overt conditionality for people ~~in receiving of~~ disability-related benefits marked a new turn ~~within the UK~~ social policy, ~~context~~ signalling a clear break ~~with from~~ the voluntary nature of previous participation in ALMPs (Bambra and Smith, 2010). ~~It~~ Therefore, it arguably marked the beginning of a third phase of policy towards the employment of people with a disability, ~~and one which could be considered as distinguished by~~ a move towards ~~making subjecting~~ these recipients ~~subject to~~ a form of 'workfare' (Bambra, 2011a). Indeed, ~~in~~ a government report titled *Building Bridges to Work*, ~~the government~~ explicitly stated that *"the old-style, passive, incapacity benefits have been replaced by the new, active Employment and Support Allowance"* (Department for Work and Pensions DWP, 2010, p. 7). ~~in a bid~~ The aim was to create a *"something for something"* approach that ~~aims to~~ widens *"the right to support and deepens the responsibility to take up this support: individuals have the responsibility to move towards and into work, in return they should get the help they need to do so"* (Department for Work and Pensions DWP, 2010, p. 21).

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4.2.4 Austerity (since 2011)

The term 'workfare' ~~is used to refer~~_s to those welfare reforms that ~~have linked~~_s participation in employment programmes to ~~ongoing receipt the maintenance of benefits receipt~~_s. Workfare is, ~~thus~~_s, the obligation on welfare recipients to 'earn' their benefit ~~payments~~_s via compulsory participation in training or compulsory 'work-for-benefit' style employment, ~~(including compulsory voluntary work for charities)~~_s (Burghes, 1987; Gibson et al., 2018). Workfare originated in the USA ~~and most well known are with~~_s the Clinton-era reforms of 1996, when the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) introduced sanctions and benefit limits for millions of poor Americans, particularly lone mothers and their children: the so-called '99ers' (as benefit receipt is limited to 99 weeks). The PRWORA was considered a success, as welfare rolls ~~more than~~_s halved in the first five years, from 12.2 million in 1996 to 5.3 million in 2001. However, the social and economic costs for individuals ~~are have been~~_s far more problematic, with only around 10-20% of those leaving welfare rolls actually ~~getting work finding employment~~_s that pays above the federal poverty line (Bambra, 2011a).

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Similar ~~'workfare'~~_s style reforms for disability-related benefits were enacted in the UK from 2010 onwards as part of the ~~national~~_s austerity programme (Fig. ~~ure~~_s 4.4). In economics, 'austerity' refers to reducing budget deficits in economic downturns by decreasing public expenditure, particularly on welfare, and/or increasing taxes (Bambra et al., 2016). Since 2010, the UK government, ~~as a has~~_s responded ~~ed~~_s to the economic recession that followed the 2007/8 global financial crisis, ~~by implement~~_sing a programme of austerity. This has been characteri~~zed~~_s by large scale cuts to central and local government budgets, health-care (NHS) privatiz~~ation~~_s, and associated cuts ~~in to~~_s welfare services and benefits. Reductions in ~~to~~_s local government budgets and welfare cuts have hit the poorest parts of the country hardest (Beatty and Fothergill, 2016), and the effects of tax and benefit reforms ~~have~~_s largely been regressive, with low-income households of working age losing the most (Browne and Levell 2010). Working-age benefits ~~were have been~~_s particularly targeted, ~~including disability-related benefits~~_s with reductions, restrictions, and the introduction of sanctions (Bambra, 2016; Bambra et al., 2016).

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ESA ~~itself~~_s was reformed ~~further~~_s in 2011, ~~which meant that limiting entitlement to ESA to one year for recipients in the 'work-related activity' group saw their entitlement to Employment and Support Allowance limited to one year.~~_s After ~~one~~_s year, they had no right to insurance-based benefits (not even Jobseeker's Allowance), and ~~therefore so beco~~_sme reliant on support from their family, charities, or means-tested public assistance (Income Support). For the great majority of recipients, ESA ~~therefore thus~~_s became a temporary benefit, ~~designed to 'activate the aspirations' of recipients and encourage them to look for and take up paid work, and marking a shift in the 'culture' of incapacity benefits' from 'invalidity to employability' (Bambra, 2011a).~~_s In 2012, a 'claimant contract' with benefit sanctions (of ~~three~~_s months, ~~six~~_s months, and ~~or~~_s up to ~~three~~_s years' benefit removal) was introduced for all 'active' benefits; ~~the sanctions-~~_s applied to ~~those~~_s recipients who refused to ~~take up~~_s accept a job offer or missed their appointments with vocational services. In 2015, the value of the 'work-related activity' element of ESA was reduced to ~~the level of Job-Seeker's Allowance, thus removing (JSA) levels—losing the previous premium of a 33% higher rate of in weekly cash income.~~_s

~~Then, in 2011, with~~_s ~~With the announcement of the phased rollout of the new Universal Credit benefit, which began in 2013 and continues today (see Box 1), ESA itself was is being gradually abolished—with a rolled-out transfer of existing recipients on to the new benefit between 2013-2019.~~_s Universal Credit (UC) is a single working-age benefit ~~intended to which replaced Jobseeker's Allowance (unemployment benefit), Income Support (means-tested social assistance), and Employment and Support Allowance ESA (disability-related benefit) from 2015.~~_s Compulsory work-for-benefit and the claimant contract are key components of Universal Credit, ~~and they apply to all recipients of all benefits recipients, including disability-related ones payments.~~_s Other significant welfare reforms ~~applied to all working age benefits (such as the under-occupancy charge [more commonly referred to as the 'Bedroom Tax']) which were applied to all working-age benefits, have also impacted on disability-related benefit claimants (for a full overview of austerity and welfare reform, see Schrecker and Bambra, 2015).~~_s

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4.2.5 Employment effects of policy changes

The shifts from passive to active/workfare approaches to disability support were justified by politicians and policymakers ~~in as means to terms of~~ increasing the employment and labour market participation of people with a disability. However, various ~~evidence~~ reviews of the effectiveness of such ALMPs and ~~restrictions to benefit entitlements~~ ~~restrictions~~ have found very little evidence ~~that they have actually of enhanced positive contribution to~~ the employment of ~~disabled people with a disability~~ (Bambra et al., 2005; Bambra, 2006; Barr et al., 2010; Clayton et al., 2011, 2012). For example, one review concluded that *"no large-scale programme has demonstrated through a scientifically rigorous study that it improves employment rates by more than a few percentage points"* (Bambra, 2006), ~~while~~ another found that benefit restrictions have had no positive impacts on employment (Barr et al., 2010). UK policy has largely focused on supply-side measures, ~~rather~~ than trying to increase employer demand (Bambra, 2006, 2011a).

Supply-side ALMP interventions (such as training, work placements, advice and support services, or in-work benefits) are concerned with increasing the availability and work readiness of individuals with a disability. ~~Accordingly, they and~~ are designed to overcome some of the employment barriers ~~which faced by~~ people with a disability ~~face~~, particularly ~~in terms of their~~ lack of skills or work experience, and financial uncertainty about the transition into paid employment. The UK evidence suggests that some training and advice interventions can have small positive impacts on employment rates, depending on the characteristics of participants, such as 'job-readiness' or type of illness, as well as the local labour market context (Bambra et al., 2005). However, ~~given the small-scale and poor-quality nature of the of intervention evaluations, were such that~~ it is impossible to determine if ~~the~~ improved employment chances were due to the effectiveness of the interventions themselves or to external factors, such as a general upturn in employment rates in the early 2000s. There ~~was is~~ little evidence that in-work benefits were effective in increasing employment (Bambra, 2006).

~~More Further~~ workfare-style interventions (including benefit restrictions, sanctions, and conditionality) can also be considered as ~~another~~ a type of supply-side ALMP intervention, ~~albeit a very radical one, which that~~ aims to increase the employment of ~~disabled people with disability~~ by making it harder for them to survive outside the labour market. Barr et al. (2010) performed ~~A~~ an international systematic review of the employment effects of restricting entitlements to welfare benefits for people with a disability, ~~considering in~~ the UK, Canada, Denmark, Sweden, and Norway. They concluded that: *"there is insufficient evidence, and what there is [is] equivocal, to indicate whether [restrictive] changes in benefit eligibility requirements ... will have an impact on the employment of people with disabilities and chronic illness in well-developed welfare states"* (Barr et al., 2010, p1106). ~~Further, Another~~ international research study also suggests that conditionality interventions raise employment rates in non-disabled people; but lowers them among disabled people (Baumberg, 2017). ~~When examining Research in~~ the UK context, ~~links~~ the WCA ~~has been associated with to~~ increases in ~~poor deterioration~~ in mental health among ~~st~~ those assessed (Barr et al., 2016), and benefit sanctions have been associated with decreased return to work among ~~st~~ disabled people (National Audit Office, 2016). ~~and a~~ Although the evidence is ~~inconclusive unclear as to why this is the case, there is some a~~ suggested ~~edion~~ explanation for this latter finding is that people completely drop out of the system, preferring to suffer economic hardship or rely on unreported income or support from local authorities, charities, or friends and family (National Audit Office, 2016).

Demand-side ALMP interventions (such as financial incentives for employers, disability discrimination legislation, ~~and~~ accessibility interventions) focus on increasing the demand for disabled workers among ~~st~~ employers (Bambra, 2006). They ~~are attempts to~~ combat the other type of employment barriers faced by people with a disability: employer uncertainty and the physical difficulties of workplaces. Demand-side interventions have been less well used ~~within~~ the UK ~~context~~ (Bambra, 2006, 2011a). ~~The UK with~~ evidence ~~base suggesting~~ that ~~such interventions have only a very limited their~~ impact on employment ~~has been very limited~~. For example, financial interventions designed to incentivise employers were ineffective because they did not adequately off-set the perceived risks and costs of employing a disabled person (Bambra, 2006). ~~Likewise, D~~ disability legislation ~~likewise~~ had no effect on employers' recruitment decisions, ~~(with the majority~~

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of employers unaware of its employment provisions) (Roberts et al., 2004); ~~and that~~ the employment gap between those with and without a health condition or disability actually increased after the ~~introduction of the~~ Disability Discrimination Act ~~was introduced~~ (Pope and Bambra, 2005). Only accessibility interventions (workplace adjustments) appear to have a more positive employment impact, but ~~there was very low~~ uptake ~~across by~~ employers ~~has been very low~~ (Clayton et al., 2012).

4.3 The political economy of UK disability policy

THE POLITICAL ECONOMY OF UK DISABILITY POLICY

~~Adding conditionality, in the form of~~ Through compulsory involvement in ALMPs, sanctions, and time-limits on benefit receipt, ~~in terms of~~ UK policy on disability-related benefits ~~has clearly abandoned marks a clear break~~ with the 'passive' approach that ~~dominated characterized~~ UK policy for the majority ~~most~~ of the post-war period. However, ~~embracing conditionality it is in keeping consistent~~ with the reform of other UK out-of-work benefits (such as the reforms to unemployment benefit of the 1980s and 1990s) and changes to disability-related benefits elsewhere, such as in Australia, the USA, and other EU countries ~~in the European Union (Organisation for Economic Cooperation and Development)~~ (OECD, 2009). In the UK, these welfare reforms are usually presented (by politicians from both the centre-left and centre-right) as ~~being initiated on the grounds attempts to~~ reintroducing recipients to the labour market or ~~providing an incentivize~~ unemployed for people who are out of work to ~~look for seek~~ and return to work. However, ~~the application of a~~ political economy perspective approach provides an alternative explanation ~~seeing for~~ these disability reforms, ~~framing them~~ as a key part of the wider neoliberal restructuring of the welfare state; ~~and specifically, they contribute to in terms of the~~ reassertion of labour discipline and ~~the reclassifying ieation of~~ people with a disability ~~from 'deserving' to as the~~ 'undeserving' poor (Bambra and Smith, 2010; Bambra, 2011a; Schrecker and Bambra, 2015).

4.3.1 The Neo-liberalization of the Welfare State

The different phases of disability policy in the UK reflect wider trends in the general development of the welfare state. ~~Indeed, more generally with~~ the most recent shift towards workfare ~~representing is~~ the culmination of the neo-liberalization project to 'hollow out' the welfare state (Rhodes, 1994).

For most of the ~~19th nineteenth~~ C~~entury~~, there was minimal state provision of welfare beyond very basic ~~"poor relief"~~ ~~the provision of~~ comprising basic food rations and shelter (often provided via institutions, such as the English workhouse system). Beyond these provisions, welfare came via family members or charity (particularly the Church). This began to change in the early ~~20th twentieth~~ century with the introduction of rudimentary ~~and highly selective (non-workers which included most women were typically excluded from such schemes)~~ state-organized welfare systems, which provided basic pensions, unemployment, and sickness benefits funded via social insurance payments (e.g. the 1911 National Insurance Act in the UK or the Bismarckian welfare reforms of 1880s Germany). ~~Such schemes were highly selective in terms of population coverage, typically excluding non-workers, and therefore most women.~~

It was not until after the Second World War (1945) that a more comprehensive welfare state ~~what is often referred to as termed~~ the 'Keynesian welfare state' ~~was~~ established in most market democracies. ~~To a greater or lesser extent, this 'golden age' of welfare state capitalism was characterized by centralism, universalism, and Keynesian economics. Keynesian economic models entailed~~ active macroeconomic management by the state, such as interventionist fiscal policy, a large public sector, and a mixed economy), full (male, able-bodied) employment, ~~and~~ high public expenditure, and the promotion of mass consumption via a more redistributive tax and welfare system. ~~There was also a mainstream political consensus in favour of the welfare state and the redistribution it encompassed. In the 'golden age' of welfare state expansion (1940s to 1960s), Western countries experienced significant improvements to public housing and health-care, with and workers enjoy~~ eding their highest ever share of national income ~~ever~~ (Schrecker and Bambra, 2015).

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However, 'Golden-age' welfare states varied ~~though~~ considerably in the services they provided and the generosity and coverage of social insurance and welfare benefits (Esping-Anderson, 1990). ~~Broadly speaking,~~ The UK welfare state was a ~~broadly~~ liberal welfare regime (~~alongside like~~ the other Anglo-American countries of Australia, Canada, Ireland, New Zealand, and the ~~United States~~ USA). State provision of welfare was fairly minimal; social insurance benefits were modest and often ~~attracted had~~ strict entitlement criteria; and recipients were often subject to means-testing, ~~with and~~ receipt ~~was~~ stigmatised. In this model, even in the post-war period, the dominance of the market was encouraged by ~~the state only~~ guaranteeing only a minimum level of ~~state~~ support, ~~and alongside by the~~ subsidising of private welfare schemes. A stark division existed between those, ~~largely the poor,~~ who relied on state aid (~~largely the poor~~) and those ~~who were~~ able to afford private provision.

This 'golden age of the welfare state' effectively ended with the economic crisis of the 1970s (when rising oil prices combined with high inflation and high unemployment), ~~combined with and~~ the simultaneous rise of neoliberalism – or 'market fundamentalism' – as the dominant political and economic ideology (Schrecker and Bamba, 2015). The fundamental presuppositions of neoliberalism are as follows: (1) ~~that~~ markets are the normal, natural, and preferable way of organising human interaction; (2) the primary function of the state is to ensure the efficient functioning of markets; ~~and~~ (3) institutions or policies ~~that lead to whose~~ outcomes different from ~~those that what~~ would be expected ~~from in~~ a functioning market require justification (Ward and England, 2007). The core tenets of neoliberalism remained on the margins of mainstream politics in the wealthy world until the 1970s (Harvey, 2005). At that point, the economic uncertainties of 'stagflation' – the simultaneous occurrence of high inflation and high unemployment – ~~“created a newly receptive climate among both elites and, in many countries, electorates”~~ (Schrecker and Bamba, 2015, p13).

The literature offers ~~V~~various narratives of the advance of neoliberalism ~~can be found in the literature~~. One regards neoliberal policies as pragmatic responses to a changing global economic environment, ~~that was~~ largely outside the control of individual national governments. Under these new conditions, neoliberal policies were the only ones that 'worked' (Fourcade-Gourinchas and Babb, 2005). Another views neoliberalism as a political project aimed at ~~the restoration of~~ the class power of business (capital), ~~which that~~ had been eroded by the rise of the welfare state and associated redistributive policies (Harvey, 2005). It is clear, however, that neoliberalism is best understood as having multiple dimensions, including: concrete policy programmes and innovations (e.g. scaling back the welfare state); more general reorganisation of state institutions (e.g. privatisation and contracting-out); and an implicit ideology that gives primacy to the individual, as opposed to the collective. ~~The latter is~~ – exemplified by Margaret Thatcher's (in)famous comment: ~~that “there is no such thing as society, only individuals and their families”~~ (Ward and England, 2007).

The elections of ~~the Thatcher's~~ Conservative government of Margaret Thatcher in the UK in (1979), ~~(and of~~ Republican ~~USA president~~ Ronald Reagan ~~as US president (in~~ 1980), ~~and or~~ Helmut Kohl ~~as in~~ West Germany ~~Chancellor in~~ (1982) represented key turning points. The political consensus of the golden age began to break down as governments started to dismantle and restructure the welfare state. The 'reforms' were characterised by the privatisation and marketisation of welfare services; entitlement restrictions and ~~increased stricter~~ qualifying conditions for welfare benefits; ~~and~~ a shift towards targeting and means testing; cuts or limited increases to the actual cash values of benefits; modified funding arrangements (with a shift ~~away~~ from business taxation ~~and towards~~ consumption taxes); ~~an~~ increased emphasis on ~~an~~ active, rather than ~~a~~ passive, welfare ~~system policies~~; deregulation of the economy, with the promotion of labour market flexibility, supply-side economics, and a desire to minimise public social expenditure; and the subordination of social policy to ~~the market~~ demands of the market (Bamba et al., 2010). This significantly reduced the support provided to people ~~when they are~~ out of work. Analysis of the unemployment replacement rate – For example, in the UK the percentage of an average worker's wage that would be replaced by unemployment benefits – provides a telling illustration. (the unemployment replacement rate) In the UK, the rate for one earner supporting a partner and two children declined from 69% in 1971 to 36% in 1990. For a single worker with no dependents, the decline was even more dramatic, ~~falling~~ from 54% in 1971 to 20% or less from 1990 onwards (Scruggs et al., 2014).

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This neoliberal restructuring of the welfare state has been analysed by some commentators as a shift from Keynesian welfare state capitalism, which could afford and required a high level of public welfare expenditure, to a system of 'workfare state capitalism', in which high welfare expenditure is considered ~~to be incompatible to~~ with a profitable economy (Jessop, 1991). ~~Workfare state capitalism is characterized by decentralization and welfare pluralism (with a strong role for the private sector), the promotion of labour market flexibility, supply-side economics, the subordination of social policy to the market demands of the market, and a desire to minimize social expenditure.~~ Like welfare states, there are variants on the workfare model, reflecting the ~~ongoing influence of historical constraints presented by the policy hangover of existing welfare state regime~~ structures and politics, ~~alongside inter-state~~ variations in public opinion ~~between countries and regime~~ differences ~~by regime~~ in policy responses to common challenges (Jessop, 1991). The neo-liberal workfare state emphasizes ~~the privatization of~~ state enterprise and welfare services and ~~the deregulation of~~ the private sector (Jessop, 1991).

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Since the 2007/8 financial crisis, the ~~austerity policies of austerity~~ pursued by the UK government ~~have~~ led to further welfare state reforms ~~along advancing~~ the neoliberal model, ~~what has been~~ termed neoliberalism 2.0 (Schrecker and Bamba, 2015). The financial crisis ~~of 2007~~ was ~~a result of~~ triggered by a downturn in the USA housing market, ~~which led to~~ inducing a massive collapse in financial markets across the world. Banks increasingly required state bailouts: ~~for example, (e.g. in the UK~~ the retail bank Northern Rock was nationalized ~~in the UK,~~ whilst ~~in the USA~~ Lehmann Brothers investment bank filed for bankruptcy and the mortgage companies Freddie Mac and Fannie Mae were given major government bailouts ~~in the USA~~). Stock markets ~~fell precipitously~~ posted massive falls ~~which continued as the effects in the 'real' economy began to be felt, with unemployment rates of overexceeding 10% in the USA and the Euro-zone. In 2009, the International Monetary Fund (IMF) announced that the global economy was experiencing its worst period for 60 years (Gamble, 2009). The global economic recession continued throughout 2009 and 2010, and w~~ Although ~~hilst~~ many wealthy governments injected liquidity into their economies (so-called quantitative easing), ~~this was also accompanied in many European countries (including the UK, but most notably in Greece and Spain) by escalating public expenditure cuts: austerity.~~

The UK, ~~whilst not as~~ Though less affected ~~as than~~ the Eurozone by the financial crisis and subsequent recession, ~~the UK~~ still embarked on a programme of austerity. ~~Here, from the 2010 to 2015, the Coalition government (of the Conservatives and Liberal Democrats) and then the Conservative majority government elected in 2015, enacted large-scale cuts to central and local government budgets, increased health service (NHS) privatization, as well as and made making steep reductions in cuts to welfare services and benefits (including those for people with disabilities). It has been estimated that the UK welfare reforms enacted up to 2015 will take nearly £19bn a year out of the economy by 2020 (Beatty and Fothergill, 2016). This is equivalent to around £470 a year for every working-age adult of working age in the country. The biggest financial losses arise from reforms to disability-related benefits, estimated at (£4.3bn a year) (Beatty and Fothergill, 2016). In England, local government spending (which includes social care) also fell by nearly 30% in real terms between 2008 and 2015 in England. With the austerity programme continuing since the Conservatives won an electoral majority in 2015, this is the wider neoliberal context within which UK disability and rehabilitation policy has developed.~~

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4.3.2 Reasserting labour discipline and no longer deserving

Regarding UK disability policy, ~~There are two particular trends within the wider neo-liberalization of the welfare state require particular attention that need to be emphasised in relation to disability policy in the UK:~~ the reassertion of labour discipline and the shift from "deserving" to "undeserving" poor (Bamba and Smith, 2010). The reforms to disability-related welfare benefits can be conceptualized as ~~part of the trend of~~ reasserting labour discipline and instilling the work ethic, ~~accompanied by; whilst there is also~~ a notable shift in ~~categorisation and the language in terms of~~ classifying disability-related benefit recipients, ~~who are now as~~

no longer perceived as deserving of public/welfare state support. -This discourse and the associated policy changes impact on all people with a disability, —particularly people-those with poor mental health (and other 'hidden disabilities') or musculoskeletal problems. However, whilst those with very complicated or severe disabilities (e.g. as-a-resulting from of-an accidents or terminal conditions such-as-cancer) receive more public sympathy and support, they are still subject to the same surveillance regime and poverty —level benefits (see, e.g.,for example The Independent, 2 2016, March 17).

There are four salient aspects of the labour discipline thesis for UK disability policy. First~~ly~~, commentators such as Ginsburg argue that the social security benefits system disciplines the labour force by attaching conditions to benefits, which 'ensure that the intransigent worker cannot so easily turn to the welfare state for support' (Ginsburg, 1979). This aspect-of-the-labour-discipline-thesis-reasoning is evident in the UK reforms, as recipients of the Employment and Support Allowance ESA will have to take must participate in employability schemes in-order to receive full benefits. Secondly, following Piven and Cloward (1971), the reforms can be seen as part of a wider welfare state retrenchment, as-whereby welfare provision acts-as-a-means-of-serve to 'regulate~~ing~~ the poor'. HenceOn this basis, provision tends to be expanded during-at times of political unrest and subsequently reduced once a-measure-of social peace has-been restored. For example, in the USA, the civil unrest in-of the USA-in-the 1960s was associated with a subsequent expansion of the welfare state, which-once social order was restored, was followed up by a series of cut backs under the 1980s Reagan administration after social order had been restored. Given-thatSince the UK has recently experienced a period of relative 'peace', it might be expected that-for welfare benefits would-now-to be cut back, —with the financial crisis and austerity programme providing a narrative cloak. Third~~ly~~, Katz (1986) argues that the stigma associated with benefit receipt also acts-as-a-serve to discipline upon the labour force, with dependency on state benefits considered not only a misfortune but also a moral failure. The tiered approach of the Employment and Support Allowance ESA system to-claimants may heighten this aspect of labour discipline, with those deemed 'sick but able to work' feeling particularly stigmatized. Finally, as Byrne (2005)'s work has-shown contends (2005), the last two decades —reforms to welfare provision of the last two decades in the UK and elsewhere (particularly the USA) have aimed not been-about to ending benefit dependency but about-to linking benefit receipt more closely to work. The welfare reforms can, thus, be seen as the somewhat logical extension of the-using-of the benefits system to assert the work ethic. The reforms similarly reinforce divisions of who is (*working poor*) and who is not (*non-working poor*) deserving of state support.

The separation of disability-related claims into two distinct categories of deserving and less- or non-deserving is, on the one hand, a logical consequence of the welfare reform philosophy of “work for those who can, welfare for those who cannot”. It also approach to welfare reform and an-acknowledgement that previous, more passive approaches have often exacerbated the labour market exclusion experienced by people with a disability or chronic illness (Barnes, 1991). However, oOn the other hand, the division into two levels of benefits is inevitably tied into notions of the 'deserving' and 'undeserving' poor (Katz, 1986; van Oorschot, 2 2006). Disability-related benefits were the last in the UK system to be the-subject-of extensively reformed and, until recently, did not attract as much popular stigma as other benefit types of benefits (most notably lone-parent benefits). This is also the case in other countries, where people in-receiving of benefits due to ill health or disability have been viewed and treated as more 'deserving' or morally worthy than those-in-receiptrecipients of other types of benefit (van Oorschot, 2 2006). Indeed, as Stone argued in *The Disabled State*² (1986), in many Western countries, disability was for-a-long time considered to-be a special administrative category in the welfare states of many Western countries, and one which came with distinctive entitlements in the form of social aid and exemptions from certain obligations of citizenship, such as the duty to work (Stone, 1986, p. 4). Welfare reform in this area can, thus, be seen as a clear move-awaydeparture from the more accommodating perspective of the period-of 'passive welfare' period, and-as a new political discourse which dictates that certain types of disability are less deserving of public support than others.

People with a disability or chronic illness are thus variously categorised and re-categorised within the 'deserving' and 'undeserving' poor dichotomy. The relations of production which arose from capitalist

industrialization established a discourse of 'able-bodiedness' which excluded the impaired and the chronically ill from the workplace and the general discourse of employability ~~in general~~ (Oliver, 1990; Stone, 1986). However, this has been renegotiated at various times and on different terms. For example, the context of the Second World War forced employers to ~~employ-recruit~~ groups ~~who were not~~ traditionally regarded as unemployable, such as women or people with disabilities. The Disabled Persons (Employment) Act of 1944 established the long-term sick and disabled as the 'deserving' poor. ~~What is clear is~~ In the welfare reforms implemented since the 1990s, ~~has been the renegotiation of~~ this 'deserving' and 'undeserving' dichotomy has clearly been renegotiated. This redrawing was gradual, ~~initially with~~ those ~~who were~~ defined as 'sick but not disabled' ~~were the first to be moved out of from~~ the 'deserving' ~~and into~~ the 'undeserving' poor category (the ESA Work Related Activity group). ~~Next, the~~ The welfare reforms implemented since the early 2000s ~~then~~ led to nearly *all* people with a disability being ~~put into this re~~categorized (as the threshold for ~~getting-receiving~~ unconditional support became much harder to meet). Further, the programme of austerity, with its associated sweeping benefit cuts ~~across the board~~, started a process whereby even those considered 'deserving' of unconditional support, ~~saw had their entitlements levels of that support significantly curtailed/decreased~~. This has arguably diminished the status of people with a disability and subjected them to significant new levels of surveillance, ~~previously reserved for the able-bodied 'undeserving' poor~~ (Katz, 1986).

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4.4 ConclusionCONCLUSION

This chapter has examined vocational rehabilitation services and support for people with disabilities in the UK, ~~placing them within a wider welfare, labour market, and social policy context. It has provided an overview of~~ the historical evolution of social policy in the UK ~~in regards to~~ the employment of people with a disability, ~~considering four key phases: from the~~ passive welfare of the 1970s and 1980s (typified by compulsory employment quotas and passive welfare benefits); ~~through the~~ active welfare of the 1990s and early 2000s (including antidiscrimination legislation, welfare to work, and active welfare benefits); ~~to the~~ welfare approach of the mid-2000s (typified by conditionality and compulsory work-for-benefit); ~~and through to the~~ austerity phase since 2011 (typified by sanctions, reductions, and restrictions). ~~It has analysed~~ These policy changes have been analysed from a political economy perspective, ~~exploring the broader context of the neoliberal restructuring of the welfare state and the specific issues of the reassertion of labour discipline and the reclassifying of~~ people with a disability from 'deserving' to 'undeserving' subjects. Disability and rehabilitation policy in the UK has shifted radically, particularly since the 1990s. However, the effects of these reforms on employment rates and labour market inclusion has been very limited; ~~instead, and they have thereby~~ only served to further marginalize and stigmatize disabled people.

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